

# Fee-for-Service Prior Authorization 101

Indiana Health Coverage Programs  
Gainwell Technologies  
IHCP Works Seminar – October 2022



# Common Acronyms

IHCP – Indiana Health Coverage Programs

IAC - Indiana Administrative Code

FSSA – Family and Social Services Administration

PA - Prior Authorization

MCE - Managed Care Entity

Fee-for-Service - Traditional Medicaid

PAUM - Prior Authorization Utilization Management



# Agenda



- PA General Requirements
- How to create a PA request
- How to view PA status
- How to update a PA
- Helpful tools
- Questions

# **Prior Authorization General Requirements**



# Why is Prior Authorization Needed?

According to IHCP regulations, providers must request PA for certain services:  
To **determine medical necessity**, or  
When **normal limits are exhausted** for certain services

The main purpose of the PA process is to ensure that Indiana Medicaid funding is utilized only for those services that are:

Medically Necessary

Appropriate

Cost Effective



# Does the Service Require Prior Authorization?

A provider can verify if a service is covered by the IHCP and/or whether it requires PA by referring to the fee schedules, accessible from the IHCP Fee Schedules page at <https://www.in.gov/medicaid/providers/business-transactions/billing-and-remittance/ihcp-fee-schedules/>

***PA belongs to the member, not the provider.***

# Professional Fee Schedule

## IHCP Professional Fee-For-Service Fee Schedule - Search

The Professional Fee Schedule can be searched by Procedure Code, Procedure Code Range, or Procedure Code Description. If the search returns more than 100 records, you will be asked to further refine your search criteria. Wild card searches using special characters are not used and will display an error message.

**Procedure Code:** Enter at least three characters of the Procedure Code to filter by specific Procedure Code. This search criteria cannot be used in combination with the Procedure Code Range criteria.

**Procedure Code Range:** Enter a beginning and ending five-character Procedure Code to obtain all Procedure Codes within a range. This search criteria cannot be used in combination with the Procedure Code criteria.

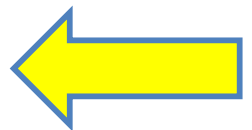
**Procedure Code Description:** Enter a text string to obtain records containing the entered text in either the short or long Procedure Code Description. This search criteria can be used in combination with the Procedure Code or the Procedure Code Range criteria.

Procedure Code:

Procedure Code Range:  to

Procedure Code Description:

Procedure						Service	Pricing					
Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Category	Category Desc	Rate Type	Pricing Method	Effective Date	Pricing End Date	PA Req'd	Attach Req'd
99600					MEDSV	Medical Services	Def	MAXFEE	7/1/2021		Y	
Min-Max Units					Fee Schedule Amt:	\$19.82		Base Units:	0	Age Min-Max:		
Procedure Desc:		HOME VISIT NOS						CMS Add Date:		1/1/2003	CMS Term Date:	



# Prior Authorization Contractors

- Gainwell Technologies is the PA contractor for nonpharmacy services in the fee-for-service delivery system.
- OptumRX is the Pharmacy contractor for the fee-for-service delivery system.

**Please contact the member's MCE for PA information**





# Prior Authorization Contractors

Gainwell PAUM Unit reviews all PA requests on an individual, case-by-case basis. The unit's decisions to authorize, modify, or deny a given request are based on medical reasonableness, necessity, and other criteria in the IAC, as well as FSSA-approved internal criteria.

**FFS Nonpharmacy**

**Gainwell**

**1-800-457-4584, option 7  
1-800-689-2759 (fax)**



# Create Prior Authorization



# Care Management

The screenshot displays the 'INDIANA MEDICAID for Providers' website. At the top, there is a navigation bar with links for 'My Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. The 'Care Management' link is highlighted, and a dropdown menu is visible with the following options: 'Create Authorization', 'View Authorization Status', 'Maintain Favorite Providers', 'Submit RCP Referral to Lock-In List', and 'Notification of Pregnancy Inquiry'. A yellow arrow points to the 'Create Authorization' option. On the left side, there are sections for 'User Details' (Welcome, My Profile, Manage Accounts) and 'Provider' (Name, Provider ID, Disenroll, Provider Maintenance, Enrollment / Revalidation Status). On the right side, there are links for 'Contact Us', 'Notify Me', and 'Secure Correspondence'. The main content area features a large image of a healthcare professional and a paragraph stating: 'We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.'

INDIANA MEDICAID for Providers

My Home | Eligibility | Claims | **Care Management** | Resources

My Home

**Create Authorization**

View Authorization Status

Maintain Favorite Providers

Submit RCP Referral to Lock-In List

Notification of Pregnancy Inquiry

**HEALTH CARE PROFESSIONAL!**

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

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# Requesting Provider Information

**Create Authorization** ?




Any forms relating to Authorization requests can be found [here](#).

\* Indicates a required field.

[Expand All](#) | [Collapse All](#)

**Requesting Provider Information** -

Requesting Provider Information

Provider ID	ID Type	Taxonomy	Name
			

The Provider ID, ID Type (NPI or ID), and Name will default to the *Service Location* the requester is currently logged in.






\*This is the location where the PA can be viewed.

# Member Information

Member Information

MJJ0

Enter Member ID, Date of Birth and at least one character of First and Last Name

	*Member ID	<input type="text"/>		*Birth Date	<input type="text"/>	
	*Last Name	<input type="text"/>		*First Name	<input type="text"/>	

Enter the member ID, birth date, and at least one letter of the first and last name.

*Verify eligibility for accurate information.*

## Slide 13

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**MJJ0**

For consistency, it would look better if the arrows pointing at Member ID and Last Name were the same size and positioned the same as the ones for Birth Date and First Name.

Moran Jackson, Julie, 2022-09-09T20:37:24.525


# Rendering Provider Information

**Rendering Provider Information**

If you wish to enter a Rendering Provider for this Authorization, you can either click the checkbox to use the Requesting Provider, select the Rendering Provider from your list of Favorites or enter ID, ID Type and Taxonomy (as needed). You will have the option of selecting a different Rendering Provider for any Service Detail below. You MUST select a Service Type for this Authorization.

Rendering Provider same as Requesting Provider ☐

Select from Favorites No favorite providers available. ▼

Provider ID   ID Type  Name

Taxonomy

\*Service Type

Add to Favorites ☐

Use the search spyglass for accuracy.

May add to favorites for future use.

# Rendering Provider Information

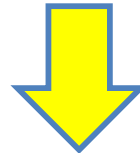
**Provider ID Search** ?

Search By ID Search By Name Search By Organization

\* Indicates a required field.

\*Last Name  First Name

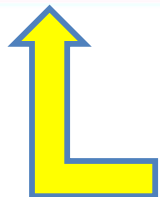
Search Cancel



To select a provider, click the Provider ID.

Total Records: 1

Provider ID	Provider Name ▲	Provider Type	Taxonomy	Provider Address	City	State	ZIP Code
<a href="#">000000000</a>		Physician		RENDERING PROVIDER NO ADDR	INDIANAPOLIS	Indiana	



Click on the Provider ID.




# Rendering Provider Information

**Rendering Provider Information**

If you wish to enter a Rendering Provider for this Authorization, you can either click the checkbox to use the Requesting Provider, select the Rendering Provider from your list of Favorites or enter ID, ID Type and Taxonomy (as needed). You will have the option of selecting a different Rendering Provider for any Service Detail below. You MUST select a Service Type for this Authorization.

Rendering Provider same as Requesting Provider ☐

Select from Favorites

Provider ID   ID Type  Name

Add to Favorites ☐

**Taxonomy**

\*Service Type

If there is no taxonomy in the rendering profile, do *not* enter one here.

# Rendering Provider Information

The screenshot shows a web form with three main sections: 'Requesting Provider Information', 'Member Information', and 'Rendering Provider Information'. The 'Requesting Provider Information' section is highlighted with a red box and contains fields for 'Provider ID' (5005005005), 'ID Type' (NPI), and 'Taxonomy'. The 'Member Information' section contains fields for 'Member ID' (100100100100) and 'Last Name' (XXSmith). The 'Rendering Provider Information' section contains a checkbox 'Rendering Provider same as Requesting Provider' which is checked. Below this is a 'Select from Favorites' dropdown menu, which is highlighted with a red box and pointed to by a yellow arrow. Below the dropdown are fields for 'Provider ID' (5005005005), 'ID Type' (NPI), 'Taxonomy', and 'Service Type' (SURGICAL).

Requesting Provider Information		
Requesting Provider Information		
Provider ID	5005005005	ID Type NPI Taxonomy

Member Information	
Enter Member ID, Date of Birth and at least one character of First and Last Name	
*Member ID	100100100100
*Last Name	XXSmith

Rendering Provider Information	
Either select Rendering Provider from Favorites or enter ID, ID Type and Taxonomy (as ne	
Rendering Provider same as Requesting Provider	<input checked="" type="checkbox"/>
Select from Favorites	<div>▼</div>
*Provider ID	5005005005
*ID Type	NPI
Taxonomy	
*Service Type	SURGICAL

Select from Favorites drop down list to choose a rendering provider that has been saved to your favorites.

# Service Type

**Rendering Provider Information**

If you wish to enter a Rendering Provider for this Authorization, you can either click the checkbox to use the Requesting Provider, select the Rendering Provider from your list of Favorites or enter ID, ID Type and Taxonomy (as needed). You will have the option of selecting a different Rendering Provider for any Service Detail below. You MUST select a Service Type for this Authorization.

Rendering Provider same as Requesting Provider ☐

Select from Favorites

Provider ID  ID Type  Name

Taxonomy

\*Service Type

ABORTION  
ACUPUNCTURE  
ADJUNCTIVE DENTAL SERVICES  
AIDS  
ALCOHOLISM  
ALLERGY  
ALLERGY TESTING  
ALTERNATE METHOD DIALYSIS  
ANESTHESIA  
AUDIOLOGY EXAM  
BURN CARE  
CANCER  
CARDIAC  
CARDIAC REHABILITATION  
CARE MANAGEMENT  
CHEMOTHERAPY  
CHIROPRACTIC  
CHRONIC RENAL DISEASE (CRD) EQUIPMENT  
COGNITIVE THERAPY

# Message Information



The screenshot shows a web form titled "Message Information" in a light blue header bar. Below the header, there is a text area with the instruction "Enter any additional information concerning this Authorization request." To the left of the text area is a label "Message". The text area is empty and has a small cursor icon at the bottom right corner.

Message should include medical necessity; and frequency and duration, when appropriate.

# Diagnosis Information

**Diagnosis Information**

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.  
Do not use a decimal point when entering the Diagnosis Code.  
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
[-] Click to collapse.		
Diagnosis Type	ICD-10-CM	Diagnosis Code
<div><div>Add</div><div>Cancel</div></div>		

Start entering a diagnosis – choose from the drop-down list.  
Click **ADD** to save.

# Service Details

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

+/-	From Date	To Date	Code	Modifiers	Units	Action
<input type="checkbox"/>	Click to collapse.					
	*From Date <input type="text"/>	To Date <input type="text"/>	*Code Type <input type="text" value="CPT/HCPCS"/>	*Code <input type="text"/>		
	Modifiers <input type="text"/>		<input type="text"/>			
	<input type="text"/>		<input type="text"/>			
	Units <input type="text"/>	Dollars <input type="text"/>	Place of Service <input type="text"/>			
	Message <input type="text"/>					
Rendering Provider (if different from above):						
	Select from <input type="text"/>					
	Favorites					
	Provider ID <input type="text"/>	ID Type <input type="text"/>	Taxonomy <input type="text"/>	Name <input type="text"/>		
	<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

Complete the required information – see red asterisks .  
 Add modifiers, units, dollars, and place of service, as appropriate, and message for the specific details.

✓ **ALL** services must be included on the PA request.



# Attachments

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					
<div> <div>*Transmission Method</div> <div>FT-File Transfer</div> </div> <div> <div>*Upload File</div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>*Attachment Type</div> <div> <div>03-Report Justifying Treatment Beyond Utilization Guidelines</div> <div>04-Drug Administered</div> <div>05-Treatment Diagnosis</div> <div>06-Initial Assessment</div> <div>07-Functional Goals</div> <div>08-Plan of Treatment</div> <div>09-Progress Report</div> <div>10-Continued Treatment</div> <div>11-Chemical Analysis</div> <div>13-Certified Test Report</div> <div>15-Justification for Admission</div> <div>21-Recovery Plan</div> <div>48-Social Security Benefit Letter</div> <div>55-Rental Agreement</div> <div>59-Benefit Letter</div> <div>77-Support Data for Verification</div> <div>A3-Allergies/Sensitivities Document</div> <div>A4-Autopsy Report</div> <div>AM-Ambulance Certification</div> </div> </div> <div> <div>Add</div> <div>Cancel</div> </div>					

- \* Add attachment when needed. Select appropriate attachment type.
- \* Limit the information to only what is required to support the need for services.



# Signature and Submit

## Signature

Providers using electronic systems need to recognize the potential for misuse or abuse with alternate signature methods. Providers are responsible for the authenticity of the documentation and signatures. Physicians are encouraged to check with their attorneys and malpractice insurers regarding electronic signatures. Any provider using an electronic signature must follow the requirements of Indiana Code (IC) 26-2-8-116.

### IC 26-2-8-116

#### Electronic signature involving individual health information

Sec. 116.

- (a) As used in this section, "authorization" means a consent, an approval, or an authorization between an individual and a person.
- (b) As used in this section, "electronic identification" means the electronic identification system for form, location, and endorsement that is specified in subsection (d).
- (c) Electronic signature authentication and identification may be used for an individual who participates in agreements, authorizations, contracts, records, or transactions that involve individually identifiable health information, including medical records and record keeping, transfer of medical records, medical billing, health care proxies, health care directives, consent to medical treatment, medical research, and organ and tissue donation or procurement.
- (d) The electronic authentication and identification under subsection (c) may be accomplished by an interactive system of security procedures that include any of the following:

- (1) A tamper proof electric appliance that receives input of unique identification numbers, unique biometric identifiers, or location devices.
- (2) A computerized authentication process for biometric identifiers that is linked to the appropriate identification numbers upon receipt of the identifiers.
- (3) Transmission of verification of the identifiers to a securely maintained electronic repository.

No provision in this section may be construed to supersede or preempt applicable federal and state law, including the Indiana Uniform Electronic Transactions Act (IC 26-2-8), the Health Insurance Portability and Accountability Act of 1996 and associated regulations, and 21 CFR Part 11. As added by P.L.77-2005, SEC.1.

### 405 IAC 5-3-10 Providers who may submit prior authorization requests

Authority: IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-15-30-1

Sec. 10. Except as otherwise provided in this title, prior authorization requests may be submitted by any of the following:

- (1) Doctor of medicine.
- (2) Doctor of osteopathy.

Review the signature guidelines.

If a physician signature is needed, upload as an attachment.

If a provider type other than those listed previously submits a PA request electronically via the Portal, the requester must submit additional documentation indicating that the service or supply is physician-ordered. The additional documentation may be uploaded as an attachment to the Portal request, or else must be sent by fax or mail. Unless the attachment is submitted via the Portal at the time the request is made, the original request is suspended for documentation of the physician's order. Failure to submit additional documentation within 30 calendar days of the request results in denial of the request.

The Prior Authorization Request Form terms must be accepted by entering your e-signature below in order to submit the request for approval.

I hereby confirm my understanding that I am the owner or authorized representative of this business entity, that my electronic signature is equivalent to my written signature, and that my electronic signature below confirms my acceptance of all stipulations, conditions, terms and attestations herein. All information and supporting documentation submitted with this form is true, complete and correct.

\*Your Signature

(Entering your name in the box will constitute your electronic signature.)

Submit

Cancel





# Confirm Authorization

**Confirm Authorization** ?

Review all information for the Authorization displayed below. If the information is correct, click the Confirm button. If you want to make any corrections to the Authorization, click the Back button. If you do not want to submit the Authorization request, click the Cancel button.

[Expand All](#) | [Collapse All](#)

**Requesting Provider Information** -

Provider ID	ID Type	Taxonomy	Name
-------------	---------	----------	------

**Member Information** -

Member ID	Member	Birth Date	Gender
-----------	--------	------------	--------

**Rendering Provider Information** -

Provider ID	ID Type	Name
-------------	---------	------

[Expand All](#) | [Collapse All](#)

**Diagnosis Information** -

Diagnosis Type	Diagnosis Code
ICD-10-CM	R41840-ATTENTION AND CONCENTRATION DEFICIT

**Service Details** -

	From Date	To Date	Code	Modifiers	Units	Dollars
+	06/19/2020	06/19/2020	CPT/HCPCS 99600-HOME VISIT NOS		2.000	500.00

No Attachments exist for this claim

**Signature**

Your Signature

Back

Confirm

Cancel

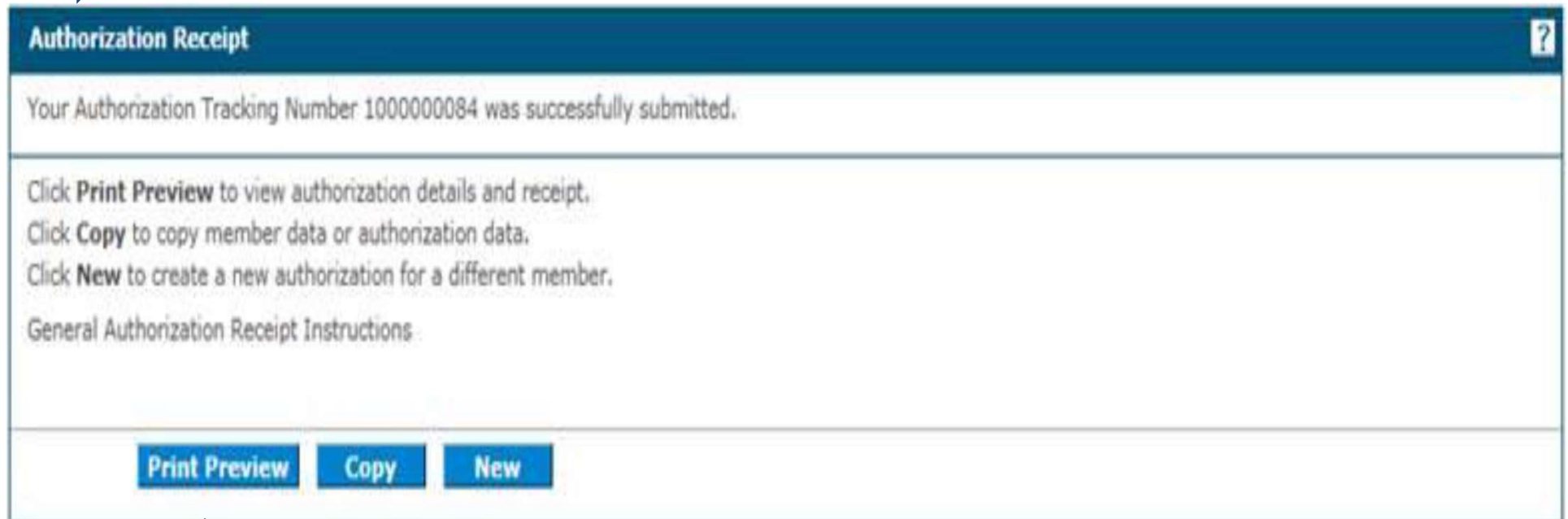
# Authorization Receipt

The authorization request is assigned an **Authorization Tracking Number**.

- This number is used to track the status of the requested authorization.

There are three buttons with options:

- ➡ Print the submitted authorization form and receipt.
- ➡ Copy information to a new request.
- ➡ Start a new request for a different member.

A screenshot of a web application window titled "Authorization Receipt" with a help icon in the top right corner. The main content area displays a message: "Your Authorization Tracking Number 1000000084 was successfully submitted." Below this, there are three instructions: "Click **Print Preview** to view authorization details and receipt.", "Click **Copy** to copy member data or authorization data.", and "Click **New** to create a new authorization for a different member." At the bottom of the window, there are three blue buttons labeled "Print Preview", "Copy", and "New".

Authorization Receipt ?

Your Authorization Tracking Number 1000000084 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.  
Click **Copy** to copy member data or authorization data.  
Click **New** to create a new authorization for a different member.

General Authorization Receipt Instructions

**Print Preview** **Copy** **New**

# **View Prior Authorization Status**



# View Prior Authorization Status

The screenshot displays the 'INDIANA MEDICAID for Providers' website. At the top, there is a navigation bar with links for 'My Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. The 'Care Management' dropdown menu is open, showing options: 'Create Authorization', 'View Authorization Status' (highlighted with a yellow arrow), 'Maintain Favorite Providers', 'Submit RCP Referral to Lock-In List', and 'Notification of Pregnancy Inquiry'. On the left sidebar, there are sections for 'User Details' (Welcome, My Profile, Manage Accounts) and 'Provider' (Name, Provider ID, Disenroll, Provider Profile, Provider Maintenance, Enrollment / Revalidation Status). Below these is the 'Provider Services' section with links for 'Member Focused Viewing' and 'Search Payment History'. On the right, there are links for 'Contact Us', 'Notify Me', and 'Secure Correspondence'. A large yellow arrow points to the 'View Authorization Status' option in the dropdown menu.

INDIANA MEDICAID for Providers

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources

My Home

Create Authorization

View Authorization Status

Maintain Favorite Providers

Submit RCP Referral to Lock-In List

Notification of Pregnancy Inquiry

HEALTH CARE PROFESSIONAL!

Contact Us

Notify Me

Secure Correspondence

User Details

Welcome

My Profile

Manage Accounts

Provider

Name

Provider ID

Disenroll

Provider Profile

Provider Maintenance

Enrollment / Revalidation Status

Provider Services

Member Focused Viewing

Search Payment History

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

# View Prior Authorization Status

**View Authorization Status** ?

Search Options **Prospective Authorizations**

Enter either the Authorization Number or at least one of the other fields to search for authorizations.

**Authorization Information**

Authorization Number

Service Type

Select a Day Range or specify a Service Date

Day Range  OR Service Date

**Member Information**

If member information is entered and the Member ID is not entered, then Last Name (at least 1 character), First Name (at least 1 character) and Birth Date are all required.

Member ID  Birth Date

Last Name  First Name

**Provider Information**

To narrow the search by Rendering Provider, enter the ID and ID Type or click on the magnifying glass to search for a provider.

Provider ID  ID Type

**Search** **Reset**

Only the requesting provider can view the PA without the PA number.  
\*The PA is specific to the *Service Location* the requester was logged in when creating the PA request.

# View Prior Authorization Status

**View Authorization Status**

Search Options | Prospective Authorizations

Enter either the Authorization Number or at least one of the other fields to search for authorizations.

**Authorization Information**

Authorization Number

Service Type

Select a Day Range or specify a Service Date

Day Range  OR Service Date

**Member Information**

If member information is entered and the Member ID is not entered, then Last Name (at least 1 character), First Name (at least 1 character) and Birth Date are all required.

Member ID

Birth Date

Last Name

First Name

**Provider Information**

To narrow the search by Rendering Provider, enter the ID and ID Type or click on the magnifying glass to search for a provider.

Provider ID  ID Type

**Search** **Reset**

Search options – Enter information in the search fields:

- Authorization number
- Service type
- Date range or service date
- Member information
- Provider information



# View Prior Authorization Status

### Search Results

Click on a Column Heading to change the sort order

Authorization Number	Service Date ▼	Member Name	Member ID	Service Type	Requesting Provider	Rendering Provider
				DENTAL CARE		
				DENTAL CARE		

### Service Details

	From Date	To Date	Code	Modifiers	Units	Status
+	-	-			0	No Action Required
+	-	-			0	No Action Required
+					1	Modified
+					1	Modified

PA approved/denied status

+

+

+

-

### Dental Request Form

### Attachment Information

### Indiana Administrative Codes/Descriptions

### Analyst Remarks

Date	Line Number	Remarks
		Guarantee Payment: Prior Authorization is not a guarantee of payment.

Prior Authorization is not a guarantee of payment!

System Update

Print Preview



# Update Prior Authorization



# Update Prior Authorization

- The requesting provider has the option to click the **System Update** button on the *View Authorization Response* page to make changes to an authorization.
- **System Updates CANNOT be used on a denied PA.**
- An approved request or a pending approval can be updated to add more units to a service, extend service dates or make other updates (add attachments for medical necessity, etc.).
- Indicate the line item and use the Message field to explain the changes needed to be made.



# Update Prior Authorization

Date	Line Number	Remarks
		Guarantee Payment: Prior Authorization is not a guarantee of payment.
<b>System Update</b>		<b>Print Preview</b>

**System Update Information**

Enter the Line Item number (use 0 if the update applies to the entire Authorization, not a specific Line Item) and a description of the update to be applied.  
Click the **Remove** link to remove an entry.

Line Item	Message	Action
<input type="checkbox"/> Click to collapse.		
*Line Item		
*Message		
<div><b>Add</b><b>Cancel</b></div>		

**Service Details****+**

**Attachments****+**

**To add attachments enter them here**

**Resubmit****Cancel**



# Helpful tools

# Provider Assistance

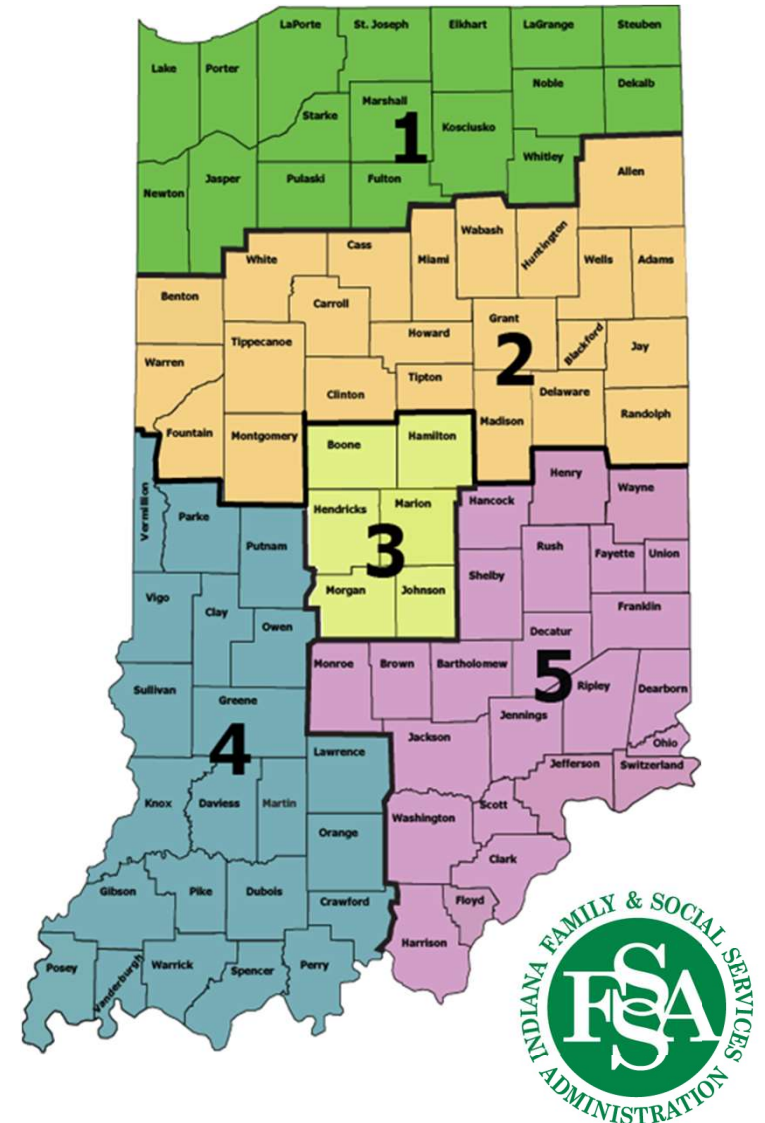
Your provider relations consultant can:

- Assist you with claim denial issues
- Provide free IHCP Portal Training
- Assist you with the enrollment or revalidation process
- Assist you in understanding member eligibility
- Conduct 1:1 virtual or in-person onsite training and provider workshops
- Help you in navigating the IHCP Provider Website/Modules



# Provider Relations Team

Region	Consultant	Telephone	Counties Served
1	Jean Downs (F) Katie Grause (I) <a href="mailto:inxixregion1@gainwelltechnologies.com">inxixregion1@gainwelltechnologies.com</a>	317.488.5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	Shari Galbreath (F) <a href="mailto:inxixregion2@gainwelltechnologies.com">inxixregion2@gainwelltechnologies.com</a>	317.488.5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	Crystal Woodson (F) Jeannette Curtis (I) <a href="mailto:inxixregion3@gainwelltechnologies.com">inxixregion3@gainwelltechnologies.com</a>	317.488.5321	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Jenny Roberts (F) Emily Redman (I) <a href="mailto:inxixregion4@gainwelltechnologies.com">inxixregion4@gainwelltechnologies.com</a>	317.488.5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	Tami Foster (F) Jen Collins (I) <a href="mailto:inxixregion5@gainwelltechnologies.com">inxixregion5@gainwelltechnologies.com</a>	317.488.5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Wayne



# Helpful Tools

## **IHCP website at [in.gov/medicaid/](https://in.gov/medicaid/):**

- *IHCP Provider Reference Modules*
- Contact Us – Provider Relations Field Consultants

## **Customer Assistance available:**

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
- 800-457-4584

## **Secure Correspondence:**

- Via the Provider Healthcare Portal  
(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)



# Questions